

PASSPORT To Health

Keeping Providers Informed

Volume 2, Issue 1, Winter 2005

Inside This Issue

| | |
|------------------------------------|---|
| PASSPORT Summits | |
| Planned for Spring..... | 1 |
| Tobacco Quit Line and Nurse First: | |
| A Natural Fit | 2 |
| When Clients Aren't Right | |
| for Team Care | 2 |
| Spotlight: Mary Patrick | 3 |
| PASSPORT FAQs | 3 |
| PASSPORT Referral Reminders | 4 |

Key Contacts

PASSPORT To Health Provider Relations

For provider enrollment or disenrollment, change of ownership or address, increasing/decreasing client caseload, and claims questions:

(800) 624-3958 In-State
(406) 442-1837
(406) 442-4402 Fax

Mail documentation to:
Provider Relations
PO Box 4936
Helena, MT 59604

PASSPORT To Health Client Services

For enrolling or disenrolling clients, questions about your monthly caseload report, or client services:

(800) 362-8312
(406) 442-2328 Fax

Mail documentation to:
PASSPORT Program
PO Box 254
Helena, MT 59624

Visit our website:
www.mtmedicaid.org

For newsletter mailing list changes,
contact aburton@mt.gov

Provider Input Sought at PASSPORT Summits this Spring

As the PASSPORT to Health program enters its twelfth year of successfully managing the delivery of health care to Montana's Medicaid clients, the Montana Department of Public Health and Human Services (DPHHS) is planning summits to determine if the current operation of the PASSPORT to Health program is the most effective way to meet its objectives.

The Department stresses that providers should look at the program in a truly comprehensive way; therefore, no idea is off the table for consideration. PASSPORT Program Officer Niki Scoffield said, "We felt that it was time to check in with the provider community about several issues. Our mission has been, and will continue to be, maintaining quality and assuring adequate access to primary care while controlling health care costs. With that in mind, we're looking for people within the provider community who are willing to share innovative ideas and specific suggestions for improvement with us."

PASSPORT to Health's objectives include assuring adequate access to primary care and fostering a medical home between providers and clients which promotes appropriate care and reduces costs.

One-day facilitated summits are planned for locations across the state. The first will be

held in Helena during the week of April 25, followed by Havre during the week of May 10, Billings during the week of May 17, and Kalispell the week of June 7. A cross-section of PASSPORT stakeholders are invited, including: PASSPORT providers, specialists and other non-PCPs, representatives from billing companies, hospitals, FQHCs, RHCs, the tribal health community, and client advocates.

"Our mission has been, and will continue to be, maintaining quality and assuring adequate access to primary care while controlling health care costs. With that in mind, we're looking for people within the provider community who are willing to share innovative ideas and specific suggestions for improvement with us."

Implemented in 1993, the PASSPORT program has been successful in saving over \$20,000,000 annually. These savings allow the program to provide services to people who may not have otherwise received them, and also help maintain provider reimbursement rates.

In addition to meeting its financial objectives, the PASSPORT program has been well-received by most of its PCPs and clients.

If you have ideas and would like to participate in one of the summits, contact Program Officer Niki Scoffield at (406) 444-4148 or niscoffield@mt.gov by February 8.

Visit Montana Medicaid's website at: www.mtmedicaid.org or watch the *Claim Jumper* for more details.

Tobacco Quit Line and Nurse First: A Natural Fit

Community Health Partners, a community health center in Livingston, is finding that a number of Medicaid clients who participate in the State's Nurse First Disease Management Program also enroll in the Montana Tobacco Quit Line.

Janice Gomersall, M.D., Medical Advisor for the Nurse First programs, says the programs are a natural fit. "Nurse First puts the thought into people's heads that quitting is a good idea in context with their disease management. The number one reason people choose to quit smoking is when someone involved in their medical well-being talks to them about it. Nurse First serves that purpose," explains Dr. Gomersall, who's also a family practitioner specializing in obstetrics at the Lolo Family Practice.

The Montana Department of Public Health and Human Services sponsors the Tobacco Quit Line and the Nurse First Disease Management Program, both of which are free to eligible Medicaid clients.

As part of the Tobacco Quit Line, callers work with a counselor who helps them pick a quit date, schedules times to call throughout the quitting process, and provides nicotine patches or gum to help reduce nicotine craving.

In order for the Quit Line to provide nicotine replacement therapy to Medicaid clients at no cost, clients must first expend their Medicaid smoking cessation benefits.

"One thing we are noticing in our community is that patients who utilize both the Nurse First Programs and the Tobacco Quit Line are moving forward in their goals at quitting cigarettes. I know that Nurse First is really encouraging and educating patients to stop smoking," said Rie

Hargraves, a social worker/case manager at Community Health Partners.

Nurse First, the State's care management program, provides health management education and advice to Medicaid clients with the chronic conditions of asthma, diabetes, heart failure, cancer, and chronic pain. Program nurses work closely with community health centers to identify Medicaid clients who might benefit from enrollment in the disease management programs.

The Tobacco Quit Line and Nurse First work well together because the registered nurses who staff the disease management programs reinforce the principles of the Tobacco Quit Line. Because the nurses identify smoking as a medical problem in initial assessments made for the disease management program, they not only encourage use of the Tobacco Quit Line, but can follow-up on the issue in subsequent calls.

"My take on this exciting development is that the disease management program is working with the community-based programs to make the patients successful as they improve their health. Stopping smoking takes a number of steps, and Nurse First is in a perfect position to be that first step," Dr. Gomersall said.

For more information regarding the Nurse First programs, contact Program Officer Tedd Weldon at (406) 444-1518 or teweldon@mt.gov. For more information about the Montana Tobacco Quit Line, contact Tobacco Use Prevention Supervisor Georgiana (George) Gulden at (406) 444-9617 or ggulden@mt.gov. To contact the Quit Line directly, call (866) 485-QUIT.

When Clients Don't Belong in Team Care

Team Care is Montana Medicaid's utilization control program that promotes the strict adherence to the proper use of Medicaid services through positive case management. Team Care is for clients with a history of using services at an amount or frequency that is not medically necessary, and who require additional assistance when accessing care.

There are three ways clients are identified for Team Care.

- Claims data review (i.e. client visits provider more than 25 times per year or presents in the ER more than 12 times annually);
- DUR Review (Drug Utilization Review Board Pharmacy Claims Review);
- Provider referrals.

If you are managing the care of a client who is not appropriate for the program, contact the Medicaid Managed Care Bureau at (406) 444-1518 or e-mail teweldon@mt.gov to request a disenrollment. The State can also provide additional information to help you decide if a client's enrollment is appropriate.

A current list of your Team Care clients is included with your monthly PASSPORT enrollment list.

By working in collaboration, we can ensure Team Care clients get the right care in the right place at the right time. For more information, visit our website or contact Program Officer Tedd Weldon at (406) 444-1518 or teweldon@mt.gov.

In The Spotlight:

Montana Medicaid Welcomes Quality Assurance Nurse for Managed Care Programs



Mary Patrick, R.N., M.Ed.

Mary Patrick, R.N., M.Ed. joined the PASSPORT to Health team last fall as one of two Quality Assurance Program Officers. She is responsible for quality assurance duties that were previously performed by a contractor for the department. Medicaid Managed Care Bureau Chief Mary Angela Collins said, "We're already finding that locating both quality assurance positions here in the Department results in even better synergy. Mary is a valuable source of expertise and we're excited to have her on board."

Prior to accepting this position, Mary worked at Blue Cross and Blue Shield of Montana from 1991 to 2002 in several capacities, including Medical Policy Coordinator, Quality Improvement Coordinator, and Preventive Health Coordinator.

She also helped coordinate the Care Screenings Program through the Caring Foundation of Montana, which

provided no-cost breast and prostate cancer screening to qualified recipients statewide.

Before moving to Montana with her husband, Willard, Mary worked in various healthcare organizations as a staff nurse, nurse manager, and supervisor in both an acute care and long-term care setting for over 20 years. From 1980 to 1991, Mary taught medical-surgical, obstetrical, and mental health nursing at St. Augustine Technical Center in Florida for over 10 years. She also held the position of Program Director at Santa Fe Community College in Gainesville, for its Emergency Medical Services programs prior to moving to Montana.

Mary graduated from Pilgrim State Hospital School of Nursing in Brentwood, New York in 1968 with a diploma in nursing. In 1977, she earned a Bachelor of Science degree in Health Care Management from St. Francis College in Brooklyn, New York. Mary went on to earn her Master of Education degree from the University of Florida in Jacksonville in 1988. In 2000, Mary completed the "Managed Healthcare Professional" home study course from the Health Insurance Association of America.

"I am excited to be doing quality assurance again and I look forward to identifying both quality client care and areas of care that perhaps need more support or better processes in place for desired positive outcomes," Mary said. She will work with Jackie Thiel, who continues in her role as Quality Assurance Manager for PASSPORT to Health as well as the rest of the PASSPORT Team.

Mary's latest pastime is learning how to play the piano. She enjoys going for walks with her husband and their Boykin Spaniel, "Ginger."

Frequently Asked PASSPORT Questions

Can I use my Provider Enrollee list as an eligibility verification method?

No; this list was not designed to be a Medicaid eligibility verification tool. As a PASSPORT provider, you need to verify a client's eligibility using an established verification method, such as FaxBack, before providing services or making a referral to another provider.

Remember to verify eligibility at every visit, even for those clients who appear on your Provider Enrollee list.

Why do I have individuals on my Provider Enrollee list who are identified as "new clients" when I've managed their care in the past?

The enrollee list identifies those individuals who are new to PASSPORT each month. You may have managed the client's care before they became Medicaid eligible, or they may have lost eligibility for a period of time.

How can we assist clients in selecting our clinic as their PASSPORT provider?

If your client wants a new PASSPORT provider, here's how you can help: Ask clients to call the Montana Medicaid Help Line at 1-800-362-8312. You may also assist them in filling out the Change of Provider form. Your office can obtain several copies of the form by calling the Help Line; the form may also be available for downloading soon at our website: www.mtmedicaid.org

Please keep in mind that until the change in providers is complete, you will need to get a referral, or establish a private pay agreement with these clients until they appear on your Provider Enrollee list.

PASSPORT Referral Reminders

An integral component of managing your client’s healthcare needs is giving referrals when appropriate and necessary. This enables you to better treat your client and meet his/her needs. When giving referrals, remember:

The PASSPORT referral is a clinical referral. It is based on the need of the client, and, as with all clinical issues, can only be given by the PASSPORT provider (or a covering provider). Although office staff can relay the referral to another provider, **it must be given by the PCP.**

Sometimes, the on-call provider gives the referral, but does not actually have the referral number. When the referred-

to provider calls the next business day to get that number, **it cannot be taken back.**

If you are not a client’s PCP, you must get the referral prior to providing services. If you do not, and you provide the service, you run the risk of the PCP refusing to give you a referral and your claim will be denied.

If you are a client’s PASSPORT provider, it is not necessary to put your own referral number on the claim form (Box 17A). If you find that your claims are denying for lack of PASSPORT authorization for your own PASSPORT clients, please contact Crystal Nachtsheim in Provider Relations at 1-(800) 624-3958. Your PASSPORT number may not be set up correctly in our system.



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